

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH MAJOR GENERAL DAVID HOGG, COMMANDER, U.S. ARMY AFRICA; AND COLONEL GILBERT KABANDA, SURGEON GENERAL, ARMED FORCES OF THE DEMOCRATIC REPUBLIC OF THE CONGO AND COMMAND SURGEON, U.S. ARMY AFRICA VIA TELECONFERENCE SUBJECT: RESULTS FROM MEDFLAG 10 HUMANITARIAN ASSISTANCE EXERCISE HELD IN KINSHASA, DEMOCRATIC REPUBLIC OF THE CONGO TIME: 1:00 P.M. EDT DATE: THURSDAY, SEPTEMBER 16, 2010

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PETTY OFFICER WILLIAM SELBY (Office of the Secretary of Defense, Public Affairs): Hello. I'd like to welcome you all to the Department of Defense's Bloggers Roundtable for Thursday, September 16th, 2010. My name is Petty Officer William Selby, and I'll be moderating the call today.

A note to our bloggers on the line, please remember to clearly state your name and blog or organization in advance of your question. Please respect our guests' time, keeping questions succinct and to the point. Please also remember to place your phone on mute if you are not asking a question.

Today, our guests are Major General David R. Hogg, commander, U.S. Army Africa; and Colonel Gilbert Kabanda, surgeon general, Armed Forces of the Democratic Republic of the Congo, and command surgeon of U.S. Army Africa.

With that, sir, if you have an opening statement, you can go ahead with that now.

GEN. HOGG: Okay. Thank you. It's great to be back on the blogger roundtable. I think the last time I did one of these I was in Afghanistan, and now we're doing it from the Congo. So there's probably a message there somewhere, but we won't go any further with that.

As you know, U.S. Army Africa is the newest Army service component command in the Army. And we are headquartered in Vicenza, Italy, and formerly the SETAF organization. I had the opportunity to join the team of Army Africa and other folks down here in Kinshasa for what we call MEDFLAG 10, which is a humanitarian assistance exercise in conjunction with the Democratic Republic of the Congo.

Now, throughout this exercise, we worked on some pretty basic achievements. We worked together with a week of joint classes where soldiers on both sides received classes on triage, emergency treatment, evacuation techniques. And later on, we actually executed a medical humanitarian mission where we treated over 1,700 people from the local Kinshasa community, both in the medical and the dental side -- (inaudible). It was actually wonderful event.

And this afternoon, we did an exercise. It was a -- kind of a situational training exercise where the Congolese emergency medical team -- they're called UMIR, U-M-I-R, and they responded to a bus accident where they triaged and treated patients.

And so it's a great exercise, and this exercise is part of a long-term, enduring partnership between the United States and the Democratic Republic of Congo. Our mission, U.S. Army Africa, we participated in this particular mission to support the broader U.S. government engagement in here in the DROC.

Beyond training, there's a great spirit of cooperation and friendship and partnership that we are developing here. And it's important to understand that relationships do count, and we've learned that time and again in other places in the world.

So, today, I've got Colonel Gilbert Kabanda, the surgeon general of the armed forces of the DROC and I've got our command surgeon from U.S. Army Africa, Colonel Alfonso Alarcon. I just call him "doc." And both these gentlemen are here to answer any questions you all may have. So we'll focus on this FLAG10. And with that, I will stand by for questions. Also, we'll be pausing for translations here as well.

Thank you.

PETTY OFFICER SELBY: Thank you very much, sir. And somebody else joined us.

Hello? Did somebody else join us?

Okay. Well, we'll just go on with -- John, you were first on the line.

Q Good morning or good afternoon, gentlemen. John Doyle with the 4GWAR Blog. General and Colonel and the other general, perhaps you can talk about how many troops, how many individuals from your respective militaries' participated in this exercise, and how long did the exercise run or is running.

Thank you.

GEN. HOGG: Okay. Hey, great question. What we had here was about 100 U.S. military personnel. Understand that we do not have assigned forces in the U.S. Army Africa at this time, so we rely heavily on the Guard and the Reserves. In this case, we have the North Dakota

National Guard down here, an element of the Illinois National Guard. We've got elements from 21st Theater Support Command. We've got the 404 through 409th, or the 404 Civil Affairs, 409th Contracting, a host of other folks that are participating in this mission on the U.S. side.

On the DROC side, we have about 295 soldiers, medical type, as well as others participating, so a little over 300 when you add the numbers up. Over.

PETTY OFFICER SELBY: Thank you very much, sir.

And, Chris, you were next on the line.

Q Hi. Chris from Conflict Health.

How does this mission fit in for the -- fit into the larger national security strategy of the United States?

GEN. HOGG: Okay. I was doing a little translation here. I didn't get the first part, but how does this fit into the greater element as far as our security here. Here's what we're doing here. We're developing relationships.

We work in partnerships. And, more importantly, we're working in hand-in-hand with the Congolese military to professionalize the force. And it's about leader development when it comes right down to it. You may or may not be aware of it, but there's been over 59 insurgent groups that have been integrated into this -- into this force over the years.

And subcontinentally there's a need for additional training and professionalization. And we at the invitation of the Congolese and through our State Department are working in that direction.

And so what we're looking at is increasing civility and peace in this region, specifically here in the Congo because it will affect the rest of the regions here in Central Africa. Over.

PETTY OFFICER SELBY: Thank you. And was there anybody else that joined us?

Okay. Back around to John.

Q General, and perhaps Colonel Kabanda -- if I'm pronouncing that right; and if not, I apologize -- is this primarily a training exercise?

And if so, in any particular venue as in dealing with some sort of mass casualty event or an epidemic, something like that? Or is this more of a -- kind of a partnership station thing where the military is going around helping the local folks with their health problems? Or is it a combination of both? Over.

Thank you.

GEN. HOGG: Hey, great question and here's how I'm going to answer it. First off, the MEDFLAG program is a joint exercise program that we've been executing since about 1988 throughout the continent. So this was part of an exercise program. And working with the Congolese, the scenario set up is, you know, dealing with a mass casualty and the triage aspects of a mass casualty, in addition to a humanitarian mission where we demonstrate to at least the local population here in Kinshasa that the Congolese military are about serving the people. And so it's a -- it's a big step forward, but a very important step forward. And what I'm going to do is I'm going to have the opportunity to have Colonel Kabanda respond to this as well. Just pause here a second. I'm going to put it on mute while we do a quick translation, and then I'm going to put the colonel on.

PETTY OFFICER SELBY: Sir, are you still there, sir? I thought he said pause.

GEN. HOGG: Yes. We just had to do a quick pause. Okay.
Colonel Kabanda. PETTY OFFICER SELBY: Roger that, sir.

GEN. HOGG: He said his understanding of the question is, is there's just a single type of exercise or is it in response to specific events such as a pandemic.

COL. KABANDA: (Via interpreter.) This exercise -- (inaudible) -- floor plan of the DRC's military. And part of these plans call for the -- (inaudible) -- which is able to respond to a crisis in support of the civilian population.

This mission is actually outlined in the constitution of the DRC, saying that the military should be prepared in assisting stabilization and development throughout the country in times of peace.

Yeah, the parts of the military that are most directly affected by this are -- (inaudible) -- the military engineering services. Both of these can play an important role in the development of the country.

And the other part of this is medical support for the military forces in -- during operations.

Up until now, we really didn't have the forceable that met international standards to be able to support an army in the field, and, as they outlined in the reform of the military forces, a rapid reaction force.

And considering that we needed the rapid -- a rapid-reaction force, we also felt we needed a rapid-reaction medical force that could support this. So this is an outline of the two missions. And this is not a one-time thing; it's a long-range goal and a long-range development.

PETTY OFFICER SELBY: Did somebody else just join us?

Q This is Shelle Michaels calling from Soldiers' Angels.

PETTY OFFICER SELBY: Hi, Shelle. Did you have a -- did you have a question you'd like to ask?

Q Well, following the MEDFLAG 10, I'm interested in knowing, will there be a flip side and any of them coming to the United States to train?

PETTY OFFICER SELBY: And Shelle, could you -- I'm sorry, could you mute your phone after the question, because it's -- I'm getting some background noise.

Q Yup.

PETTY OFFICER SELBY: Thank you. Thank you very much. (Pause.)

GEN. HOGG: Hey, Shelle, this is General Hogg. Can you hear me okay? (Pause.)

PETTY OFFICER SELBY: Shelle, are you there? (Pause.)

We hear you loud and -- (conference indicator noise) -- oh, there it -- did somebody else just join us? (Pause.) Hello, somebody else just join us? (Pause.)

Well, sir, if you want to -- you can answer the question. We can hear you loud and clear here, so if her phone's on mute, you know, she'll get you loud and clear, sir.

GEN. HOGG: Yeah, on that particular subject, as far as the training in United States, that really comes in the EIDNET (ph) program. So there's always that opportunity. For this particular MEDFLAG exercise, as I mentioned earlier, it is a -- it is a joint exercise program, and so we don't plan on doing a MEDFLAG-like, if you will, in the States. It's not really a requirement. But when you look at the potential for professional military education and other types of professional studies for the DRC military, the potential -- (inaudible) -- program, that is, of course, run through the embassy and DOD.

Q I just want to say thanks to everybody, too. I'm actually from North Dakota, so I know a lot of the folks from North Dakota Army National Guard that are with you guys, to include -- General Seakins (ph) and Colonel Aberley (ph) I know just flew down to the Congo to be part of it this week. So just want to say a shout-out to those guys too.

GEN. HOGG: Hey, Shelle, they're doing absolutely great things here. Well, they were talking bad about you earlier, but I wasn't supposed to bring that up. And we do actually have folks from Bismarck, which I found pretty amazing considering I came from Nebraska. (Pause.)

PETTY OFFICER SELBY: (Chuckles.) Roger that, sir.

Shelle, we'll come right back around to you.

Chris (sp), did you have another question?

Q Yes. Does the MEDFLAG 10 mission specifically include training or exercises related to infectious diseases or epidemics?+

GEN. HOGG: Here's what I'm going to do here. I'm going to pass that question over to Doc Alarcon in the -- (inaudible) -- you know, the -- you know, the scope of our exercise, and then -- (inaudible) -- probably can talk about some of the things they treated during the actual humanitarian piece.

COL. ALFONSO ALARCON (command surgeon, U.S. Army Africa): Certainly. Good afternoon. Colonel Alarcon here. To answer your question, yes, there's a lot of diseases that were -- that everybody got educated on; certainly especially malaria is one of the things that the North Dakota Guard that I spoke with learned a lot from. So the educational is two ways.

Talked a little bit about hypertension and some chronic diseases, which was -- (inaudible) -- the DRC. So some of the topics there were relevant to what the DRC military could educate us on as the U.S. military.

In addition, there was an opportunity to -- (inaudible) -- at the humanitarian civic assistance sites or the MEDCAP sites. So that was one thing that was also beneficial.

Over.

PETTY OFFICER SELBY: Thank you very much, sir. And Shelle, did you have another question? (Pause.)

Oh -- and we'll go back around to John (sp).

Q Yes, General, what kind of problems or challenges were there -- did you experience during this exercise? One thing that comes readily to mind, listening to the colonel having to go through you for translation, did you have enough French speakers? I'm not trying to be cute, but are there that many French speakers in the North Dakota and Illinois National Guard? Or how did you work that out?

GEN. HOGG: Yeah, well, it's -- (laughs) -- it's a great question, and it's also a great challenge when you're working through interpreters and language barriers. And fortunately, our force, the active, Reserve and Guard, has been doing this for quite some time because of our other mission sets throughout the world.

So it really wasn't that bad. What I saw was a good team of interpreters, both folks from the Guard that spoke French, as well as the -- some of the local contracted interpreters, and so really not a big issue. Yeah, that wasn't (such ?) a big deal.

The -- I think the biggest challenge here was probably the traffic, to tell you the truth. Everything else -- (inaudible) -- any other country.

Q I'm sorry. Could you repeat that? I didn't hear that.

GEN. HOGG: So that's really about it unless you've got a follow-on. Over.

PETTY OFFICER SELBY: John (sp), what did you need him to repeat?

Q I just didn't hear that one syllable right when he said, "The biggest challenge was," and then I couldn't make out what he said.

GEN. HOGG: Okay, the biggest challenge -- (chuckles).

Q If you could repeat that, General.

GEN. HOGG: Yeah. The biggest challenge, quite honestly, was the traffic.

Q Traffic!

GEN. HOGG: You know, I mean, the traffic, yeah.

Q I'm sorry.

GEN. HOGG: I mean, there is a -- just a very dense, populated area. And just getting around from Point A to Point B, you've got to plan accordingly.

The other bumps and burps that go on in the executing of a(n) exercise is no different from doing an exercise anywhere else in the world, including the United States. You do the coordination, you do the synchronization and then it comes down to the execution. And we have a great team here between the Congolese military and the U.S. military and then, of course, support from the State Department here in the embassy, and the folks that work (it ?); and really, no (war stoppers ?) and went very, very smooth. It was refreshing to see, actually. Over.

PETTY OFFICER SELBY: Thank you, sir.

And I think that -- let's see -- Chris, we'll go back around to you.

Q Yeah, how are the goals of the training and exercise portion of the operation different than the goals of this part of the operation and other operations where you're providing care directly?

GEN. HOGG: Yeah, in planning this particular operation, as far as the MEDFLAG 10, you've got to -- this planning process has taken probably a good part of a year with -- working with the Congolese to

establish the training objective, the locations, et cetera. And so it was a joint partnership to come up with this particular exercise.

Now, your other part of the question was, how does that differ as far as us (being ?) the U.S. coming in and doing some type of humanitarian mission unilaterally? Not the way we want to do business.

What we're trying to do here in the -- in the Congo and elsewhere on the continent is assist the nations with building additional capacity so that they can do it. And it worked out pretty good, because what it -- what it does is on the -- when you look at the security cooperation strategy, the four main functions is -- number two of the four functions that exist is to engage and help other nations build the capacity. So we're not into it to just go out and do our own thing. It will not build capacity. And that's kind of a big difference; I think it's something we've learned in the last nine to 10 years of engagement: that if we don't build capacity, then we're not going to have progress. And our goal here is to assist with making progress happen here in this region. Over.

Q Thank you.

PETTY OFFICER SELBY: And, Shelle, did you come back on? Shelle Michaels?

Okay. And back around to John (sp).

Q Are there -- is it too soon for any lessons learned from this project so far, General? And if so -- if not, what are they?

GEN. HOGG: I will tell you that it's probably too soon for me to articulate -- (chuckles) -- the lessons learned. What we do after an exercise like this is we sit down and we actually kind of take a look at how we can improve for the future. You know, there's always administrative lessons learned. I mean, that happens all the time. And the -- stand by just a second; I'm getting notes passed to me, just so you know some of the inner workings here on this bloggers roundtable. The -- I guess when you get right down to it, the lesson that we have learned is that professional soldiers and professionalization of a force does in fact make a difference. And the medical unit that we dealt with here in the Congo was truly professional. They knew their business. When we asked them questions about how did -- how did they support medical operations out in the jungle, there was a system that they used to support their soldiers when they're out in the jungles fighting.

What do they do as far as support to civilian populations? There is a system that they have in place. And that's kind of the one we focused on, on this particular exercise. So there will be some other lessons learned that we will gather as the -- as the folks with the big brains sit around the table and do the analysis and as we look at ways to improve these type of exercises.

And the -- and the challenge is making sure that we do these exercises at the right level and the right skill set and we don't

immediately try to go to the high-end, PHC (ph) level of exercises, which our own Army has challenges with.

And that's always a challenge, is finding the right balance to fit with the military and their current state, be it in the Congo or elsewhere.

Over.

PETTY OFFICER SELBY: Thank you, sir.

And Chris, I think we have time for one more question.

Q Yeah, just real quick. Were there any civilian units, civilian agencies involved?

GEN. HOGG: Yeah. We were not linked with -- if you're asking us were we linked with any of the NGOs or international organizations, the answer is no, we were not, nor intent, on this particular exercise, to do that. If you're asking if we coordinated with other civilian agencies, of course we always do that because there's a need, be it force protection or otherwise, to do that coordination and synchronization.

And then, of course, we are absolutely, absolutely hooked at the hip with the State Department and embassy here, because we are in support of the embassy's objectives and the State Department objectives in synchronization with the Congolese.

Over.

Q Thank you.

PETTY OFFICER SELBY: Thank you.

And actually, we do still have time. John, did you have another question?

Q Yes. I'm trying to come at my last question from a different direction.

General, what was your biggest surprise going into this? You know, what developed that you hadn't expected or hadn't counted on, or, you know, something new that came up that was unique in this exercise?

GEN. HOGG: You know, you're probably asking the wrong guy on that question, because I wasn't here for the full two weeks of the exercise. But I can tell you what -- I will tell you what was surprising to me coming here, is just the very high cost of living. Now, that doesn't apply to the exercise, but it really kind of shocked me coming into the capital here that it was just -- it's a very expensive place to live. And I saw that also in another place I was visiting prior to getting here. So that was kind of a shocker.

The other thing, I guess, is, the one thing that I came away with after the day's exercise is, when you look at the medical system that the Congolese army has, that the DRP has, it's designed to be able to operate in austere environments without electricity. So all their equipment is stuff that does the job, it's manual in nature, and that's almost 180 degrees off from what we have in some of our medical systems in support of military operations. So I found that as kind of an interesting observation, period.

And I will tell you that the reception and the treatment by the Congolese military and the population was very, very positive; I mean very refreshing.

And so those are probably a couple things. And I hope that answered your question, or you're going to have to come at it at another angle.

Q Thank you. Are you going to make any recommendations that we rely a little less on electrical equipment, based on your experience?

GEN. HOGG: Oh, I could make a whole bunch of -- a whole bunch of recommendations, but I doubt that they will listen to me, so.

What you'll find in most of our military systems is the primary system is based on you got to have the juice. You know, you got to have the generation. However, the majority of the systems we have in our military will work on what we refer to as a (degraded ?) mode. So it's not really a challenge, it's just that flip-flop, because the primary system here is what we would consider (degraded ?) mode. And then, of course, they also have those systems that require a power source of some type. So it's kind of an inverse as far as how we think of things, which works for our Army, and what they have here works for their army, and that's really the key point.

Q Thank you, sir.

PETTY OFFICER SELBY: And thank you very much, sir. And thank you to the bloggers for your questions.

As we wrap up today's call, I'd like to ask Major General Hogg, do you have any final comments, sir?

GEN. HOGG: Stand by just a second.

PETTY OFFICER SELBY: Roger that, sir. (Pause.) GEN. HOGG: Okay. I was just checking to see if Colonel Kabanda wanted to make some closing remarks and we had to do the translation.

Hey, listen, it is always a pleasure to talk to the Bloggers Roundtable. We get some very good questions, makes us think a little bit more deeply on what we're doing and how we're doing it. And we in U.S. Army Africa will continue to participate as you guys allow us to, and we absolutely thank you for your time.

And like I said, things are -- the glass is pretty much half-full versus half-empty here, depending on how you look at it day to day. So just please keep that in mind. And thank you very, very much for your time.

Over.

PETTY OFFICER SELBY: Sir, thank you very much for your time, as well. And thank you to the bloggers and everybody else who joined on the call today.

Today's program will be available online at the bloggers link on DODlive.mil, where you'll be able to access a story based on today's call, along with source documents, such as the audio file and print transcripts.

Again, thank you very much, Major General Hogg and our blogger participants. This concludes today's event, and feel free to disconnect at this time.

END.